# Policy Implementation of Free Public Health Service at Puskesmas Units in Sumedang District, West Java Indonesia

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***Abstract: Public hhealth service as a basic service whichbecome an obligation for governments to conduct. In Sumedang, local government enacted a free basic health service policy since 2006. Nevertheless, the policy implementation was experiencing problem on covering the regions and populations. 32 Puskesmas units remain insufficient to serve allof Sumedangs(1.150.187 people) and to cover all of the area.The writter was eager to conduct research regarding policy implementation of free public health service that conducted by Puskemasunits in Sumedang district.The result showed that policy implementation was generally conducted effective. The policy implementation was cohesived with communication, resources, bereaucracy structure and diposisition. The implementation dealed withseveral obstacles including shotage of resources and socialization. However, the implementation highly suppported regionalexecutive intruments and legislative thathad a emphasize campaign on free public health service for the poors.The model that have been discovered by this reseach that policy implementation not only succceded by internal policy but also determined by external policy. Political environment had a significant role on determined for the success of the policy implementation.***

***Key Words: policy, implementation, public health, service.***

## I. INTRODUCTION

Health service is a human right aspect that obligated governments to provide and deliver it for society. Indonesia has appointed public health service as a human rights that mentioned in the constitution (UUD 1945), article 28, verse 1 that "each one has a right to acquire a wellfare live both physical and spiritual, domicile, a healthy and good living environment, and public health service. This policy is performenced by national health system, statute No 23 year 1992. This statute is a integrated system for nation to endeavor, organize, support to ensurehighest health extent for society.

In autonomy era, both center and local government are the provider and executor of public health service. The administration and management of public health are managed by local governments (Kabupaten and Kota goverments) and delivered by technical unit agencies. It is delegated to Public health agency (Dinas Kesehatan) and operated by local public health services (Pusat Kesehatan Masyarakat/Puskesmas) and regional hospitals that owened by local government.

Puskesmas as a tecnical unit is a primary excutor in public health service to deliver basic services at determined local area. According to its functions is determined to be a center of health development that projected to be a health development center for individual, family and society empowerment and as a basic public health service center. They have obligation to endeavor, provide and deliver a standarized health services in fulfilling health society's need, in the context of achieving national health development that creating highest health quality for each citizen.

In 2006,Sumedang government enacted a free basic public health service to improve public health quality in its region named region regulation No 8 year of 2006 regarding public health service at Puskesmas units. It is aimed to improve health degree for Sumedang's people through retributionabolishing for the people to get basic health services at Puskesmas units.Sumedang goverment with allocated regional budget redisbursed the service cost that people used to pay for Puskesmas fee including medical treatment and medication.

According to Sumedang in figures 2012 (117:2013) at the first year of implementation (2007), total registered patients in 32 Puskesmas units reached to 1.520.816 patients. However in the previous 4 years, the registered patients were slightly decreasing namely 1.478.941 (2008), 1.464.868 (2009), 1.422.744 (2010), 1.451.971 (2011).

Despite the registered patients at Puskesmas decreased for 4 last years, the number of illness whom registered at puskesmas slightly increased. According to profile data of Sumedang public health (2013), it found that identified number of outpatients reached 127.650 (2008), 128.883 (2009), 133.321 (2010), 134.040 (2011).Meanwhile the medicine supplies merely attained

to 48,83% in the first five years. The Puskesmas suffered deficiency of medicines upto 51,17%. The details regarding these facts explained in table 1.

Table 1.Number of registered patients, outpatients, and medicine suplly at Puskesmas units in Sumedang

| Year | Registered visitors | Outpatients | Medicine supply (%) |
|---|---|---|---|
| 2007 | 1,520,816 | 133,100 | 48.54% |
| 2008 | 1,478,941 | 133,040 | 48.72% |
| 2009 | 1,464,868 | 128,883 | 49.86% |
| 2010 | 1,422,744 | 133,321 | 48.45% |
| 2011 | 1,451,971 | 134,040 | 47.44% |

Source: Public health profile in Sumedang 2008-2011.

Based on these facts that policy implementation of free public health service conducted by Puskesmas was experiencing problems and obstacles. It showed a gap service.Number of existing Puskemas (32 units) could not cover all the population ( 1.978.797) both in numbers and and its distribution. The increasing outpatients that visited to Puskesmas was not supported by sufficient medicines. Further, it is important to undertake research according to this phenomenon. It is important to clear up the research problem by formulating primary reserach question that is "how is the policy implementation of free public health service at Puskemas units in Sumedang regency?"

Policy has a strategic role in creating an excellent public service. To achieve an effective policy, it has to be able to performe into grassroots level. Bromley (1989:96) pointed out how policies delivered from state government to local society using hierarchy process that consisted of three level policy including *policy level, organizational level, operational level.* Bromley (1989:111) described the levelsas explained in image1.

In democratic states, yudicative and legislative role policy level and executive carries out organizational level. Task units such as agencies, ministries and bereau execute operational level. Public policies are determined in each level with institutional arrangements, popularly named regulations, statutes and so on. Meanwhile pattern interaction is a intercation policy between operational implementor (*street level bureaucrat)* with target groups which defines policy's outcome. Government will conduct assessment to the policies result in determined time to give feedbacks to all of level policies that expected to improve or enhace the policy(Broomley, 1989:112-113).

Furthermore, Implementation has a strategic role in achieving objectives. It occurs both in private and public organization including health service. Inodensia government has been prioritized health service as a public domain that articulated through policies. The policy implementation has a great role in public health service to establish and maintain a high quality health society. Some scholars empahsized the importance of implementation, event more important that policy formulation. Udoji (1981:154) explained that "The execution of policies is as important if not more important than policy making. Policy will remain dreams or blue prints jackets unless they are implemented".

Many scholars propound the importance of policy implementation to solve public problems or to fulfill public needs. Jones (1994:166) pointed that "… implementation is that set of activities directed toward putting a program into effect …" AsEdward III (1980:1) explained that"policy implementation, is the stage of policy making between establishment of a policy…And the consequences of the policy for the people whom it affects."Hoogwood and Lewis (1984:71) expressed implmentation as"a projected program of goals values and practices".Anderson (1978:25) pointed out that "Policy implementation is the application by government`s administrative machinery to the problems".Based on these arguments, policy implementation is governmnet application and affirmative actions on solving problems or fulfilling public needs. Basically, policy implementation is a medium to transform planning into actions as well as a tool to achieve determined goals.

A model of policy imlementation detemines policy effectiveness that be able to solve problems or to fulfill public needs. According to George Edward III (1980:10), It takes four factors to measure a performance of policy implementation. He viewed that "….. Four critical factors or variables in implementing public policy: communication, resources, disposition or attitudes, and bureaucratic structure.

Edwards III (1984: 9-10) proposed two prime questions to answer the model of policy implementation that is:

1. What are the preconditions for successful policy implementation?
2. What are the primary obstacles to successful policy implementation?

Afterwards, He (1984: 10)stated that policy implementation do depends on four critical factors including ccommunication, rsources, disposition, bureaucratic structure.

a. Communication. For impelementation to be effective, those whose responsibility it is to implement a decision must know what they are supposed to do. Order to impelement policies must be transmitted to the approprite personnel, and they must be clear. Accurate and consistent (Edwards III 1984: 47).

b. Resources. No matter how clear and consistent impelementation order are and no matter how accurately they are transmitted, if the personnel responsible for carying out policies lack the resources to do an effective job, impelementation will not be effective (Edwards III 1984: 79).

c. Dispositions. The dispositions or attitudes of impelentors is thethird critical factor in ourapproach to the study of policy implementation, If impelementation is to proceed effiectively, not only must impelemntors know what to do and have the capibilty to do it, but they must also desire to carry out a policy (Edwards III 1984: 116).

d. Bureaucratic Structure. Even if suffcient resources to impelement a policy exist and impelentors know what to do and want to do it, impelementation may still be thwarted because of deficiencies in bureaucratic structure. Organizational fragmentation may hinder the coordination necessary to impement successfully a compelx policy rewuiring the cooperation of many peopie, and if may also waste scare resources, inhibit change, create confusion, lead to policies working at cross purposes, and result In important functions being overlooked (Edwards III 1984: 139).

e. These four factors determine a policy effectiveness and every factors effects each others as depend as a system. If one factors expereienced obstruction that made it unfunction, then it would directly hampered other factors.

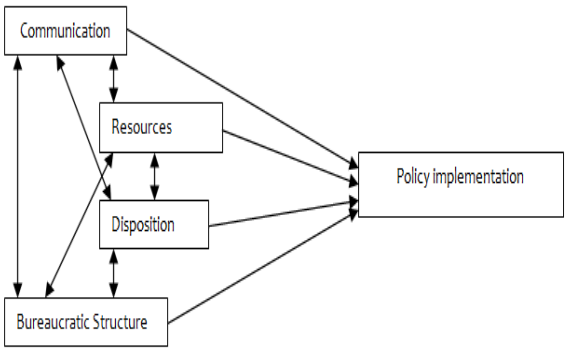



Figure 2. Model *Direct and Indirect Impact on Implementation*
Source: George C. Edward III (1980:148)

Regarding to free health public service, the factors that explained by Edwar III (1980) will do determine effectiveness of free health public service implementation that conducted by Puskesmas in Sumedang. To make a clear description, it is explained in research framework at image 2.

Based on the framework, a hipothesis will be tested through this research namely "Policy implementation of free public health at Puskemas units in Sumedang regency relevant to communication,resources, disposition and bereaucratic structure."

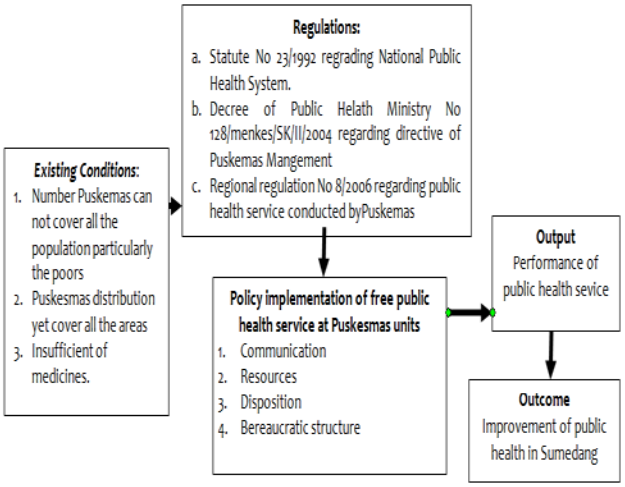



Figure 3. Research Framework

## II. MATERIALS AND METHODS

This research was utilizing qualitative method by mean of decriptive approach. Data were collected using depth interviews with open-interview instruments, observation, and literature study. The primary data were collected using depth interviews and observation, while secondary data collected using literure study.

Informen consisted of: a. Staffs of public health agency Sumedang who manage information and data regarding operational Puskesmas units that was Head of basic public helath service and Puskesmas Coordinator; b. Staffs of Puskesmas units, 10 staffs. Key informen are few person who knows alot of about free public health service at Puskemas units, and they are a person who carry out the program. They are head of public health agency Sumedang and five head of Puskesmas units.

Research was operated in 3 phases(Maxwell 1996:287), that are:

a. Orientation (pre survey) consisted of determining research object, tools and technique, analysis method.

b. Exploration is data collecting activities that consited of collecting documents, interviews and observation.

c. Member check is arranging reports through check and recheck data and information, completing and finalizating data.

d. Data validating is reviewing conclusion using validation testing, comparing collected data and verification analysis and source triangulation.

## III. RESULTS AND DISCUSSION

**Policy Implementation of free public health service conducted by Puskesmas units at Sumedang regency.**

The result of literature study particularly based on regulations both national level and regional showed that the policy of free public health service was based on:

a. Statutes no 23/1999 regarding public national health system

b. Ordinance of national internal affair no. 23 regarding public service managememant at public agencies.

c. Ordinance of national internal affair no.61 regarding manual of public service managememant at public agencies.

d. Decree of national public health ministry no 1457/2003 regarding standard of health public service in regencies and cities.

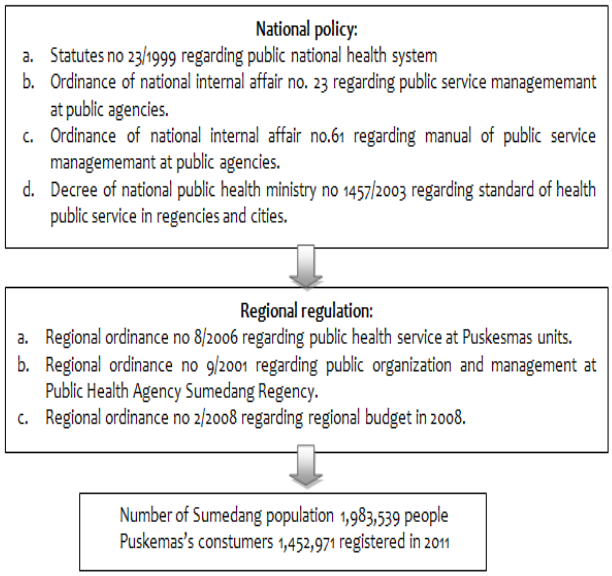



Figure 4. Policy hierarchy regarding implementation of public health service at Puskesmas units in Sumedang regency.

At operational level, policy of free public health service based on several regional regulations namely:

a. Ordinance regional no 8/2006 regarding public health service at Puskesmas units in Sumedang regency.

b. Ordinance regional no 8/2008 regarding organization and management of Public Health Agency Sumedang.

c. Ordinance regional no 2/2008 regarding Sumedang regional budget of 2008.

Image 4desribes details of instutional arrangement regarding implementation of public health service at Puskesmas units in Sumedang regency.

At implementation phase, the policy dealed with several constraints, that are:

a. A shortage of medice staffs at several puskesmas units including doctor, midwife, pharmacist and nutritionist. The ideal ratio of doctor to population is 1:14,000 people. For instance, in Cimalaka district, the population reached 57,000, while Cimalaka Puskesmas merely has three doctors and one of them occupied as head of Puskesmas. This shortage got worse with additional job for doctors to manage administrative works.

b. Lack of supporting in preventive action of health service such as nutrition, health environment, mothers and children health. The works were depleted on preventive action, as limited budget and resources merely allocated on these activities. The preventive became a secondary agenda for puskemas units.

c. Puskesemas units mostly short of facilities especially medicine. The units had been proposed more alocation for drugs supply to the agency. However the agency had limited budget to alocate. The consequences, medicine supply to puskemas units frequently suffered from late and lack distribution.

d. Each Puskesmas unit received budget per year from Sumedang regional budget based on their proposal. The problem arose when puskemas needs to expense more than avalaible budget. Service dynamic frequently required more budget, for example the specific need of medicine that consequences from the pateint need can not be met as puskemas had purchase another medicine tools before. Additional budget can not be requested as it would violate the procedures. So far the procedure budget had determined without any adjusting. It makes procedure rigid to follow.

e. Puskemas unit suffered from deficit. The increasing of patient visits every years required more budget to spend for the service. While allocated budget every year (2008-2011) remained the same. Alocated budget usually liquided late that it suppossed to availbale at the beginning of the year. In early year, Puskesmas expended high consumption which puskesmas units spend more budget for their needs for a year. To solve such unmet needs, Puskesmas frequently took debt the others party to cover deficit.

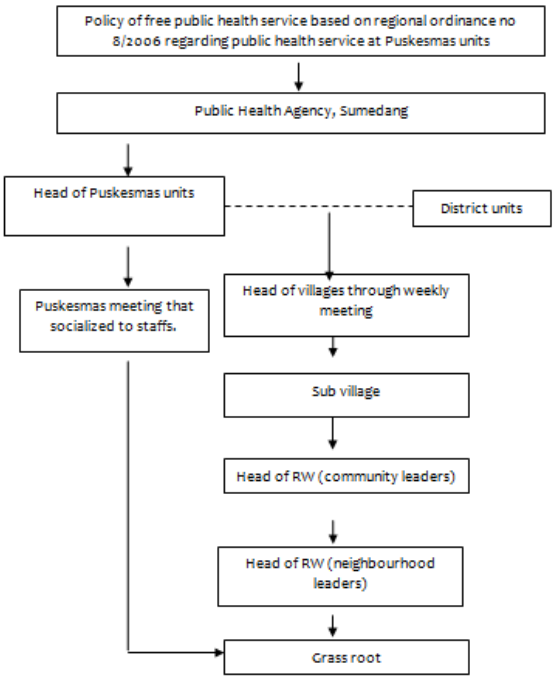
f. A shortage of office stationary. Most puskesmas units were short of officer stationary for example patient card that supposed to be avalaible every time were often late supply. Stationary supply was limited and it happened in most puskesmas units.

According to Edward III (1980) that policy implementation is determined by four crucial factors that consisted of communication, resoources, disposition and bereaucratic structure. Based on analysis and data processing, the implementation of free public health service be able to be elaborated using Edward III's model. Here are the details explanantion.

**Communication**

Lack of socialization in policy implementation has made free public service less-known by people who need it. Based on observation, many people did not know about free health service that provided by puskesmas. At first year, it is normal that most people have not recognize about the free service, but it has been 7 years going that many people have not known policy yet. It indicated that government had not conducted socialization properly regarding the policy.

Figure 5. Communication pattern in Sumedang government bodies




Source: writer's analysis, 2011

Unfortunately, Public health agency Sumedang had not put more concern about it. The agency which has a broader authorities in public health did not undertake a particular socialization such as spreading information through radios or newspapaers or making their own medias. The agency considered that the policy had been well-known in election campaign of elected Bupati, so that the agency assumed that the particular socialization of free health service was unnecessary to undertake. Socialization was carried out at puskesmas units only in certain occasions when the unit dealed with public or government bodies which it was merely formalities.

Government only conducted socialization in formal mechanisme which become a reguler communitation from regional governmnet to the least local units. Image 5 describes policy communication inwhich information relating policy implementationof free health public service.

Based on observation and interviews, it showed how government particularly Public Health Agency and Puskemas units carried out a communication pattern on implementing free public health service. Information regrading abolishing of retribution fee on health service at Puskesmas units were delivered through bereaucratic units including Public Health Agency, Puskesmas units, district units, head of villages, sub-villages, RW and RT.

Once policy was imlemented, Public Helath Agency as a leading sector on this policy consolidated its staffs to manage a socialization through general meetings with head of Puskesmas units. Based on these activitas and found facts that these beraucratic units had carried out a clear internal information regarding the policy. However, it was not as clear as information that people Sumedang got.

In the internal goeverment bodies, beraucratic had performed a well-delivered information to others unit and itsmembers. It was observed that a good information accessibility, information spreading well through several activities. A simple information about retribution fee abolishing on health service at puskesmas made information easy to understand by receiver that is bereaucrats and staffs. However, the transmition or bereaucratic levels had become a barriers for complete information to be acknowledge by most beraucrats and staffs.

**Resources**

Resources has a significant role on implementing of free public health service that is staffs, budget, facilities, authorities, information and so on. In the human resources, Puskesmas units were shortage of staffs both medicine and administratives. Medicine staffs at Puskesmas units mostly had double tasks including medicine works and management. For example, 26 out 0f 32 Head Puskemas were managed by a doctor who supposed to be merely doing medicine job and generall secretary of Puskesmas also were filled by doctors that the number was even bigger, 29 out of 32. These facts caused externalities on health service which had been suffering from shortage of medicine staffs. The consequences, it made the health service deficient.

Budget avalaibility has been an issue on public service in Indonesia including public health service. So far, governemnt had been puting alot of efforts to organize funds for this policy. The main source was from regional budget that allocated every year in early months. However this huge effort yet solved the problem. Puskesmas units still suffered from lack of budget particularly for health

supplies such as durgs, medicine tools and service fee for medicine staffs.

In the context of facilities, most Puskesmas units suffered from shortage of service facilities such as medicine equipments and administrative tools. It caused exacerbate health service. The impact resulted a lousy image of the policy. People perceived that puskesmas delivered a dilapidated service on free health service policy. Facilities deficit was caused by inadequated budget that allocated from Sumedang regional budget. According to Head of Public Health Agency Sumedang, Sri Murti mentioned that "she and her team had proposed a more allocation than we had right know, but regency government (Sumedang) had a limited budget as well. So that this is the best alocation that they could provide for the policy". She added,"regency government would alocate more budget every year depending on the policy performance, so we had run the policy the best we can using limited facilities".

In contrary, the agency and puskesmas units have no barriers at all on authorities resources and information. They have a large autonomy on their duty to manage and delivere health services. Their authorities were based on a firmed regulation which no institutions has no right to interfere their tasks. So that they have a very conducive authorities to manage health service. Innovation and problem solving were easely to make as they suffered from resources deficit on budget, facilities and medicine staffs. It accelerated the policy implementation through fast-responded problem solvings and well-prepared.

Similarly with authorities resource, information resources have encourage policy implementation to achieve its targets. Both Public Health Agency and Puskesmas units have organized data, information, facts collecting in good manners, so such organized resources assisted implementors from Head of Public Health Agency to street level bereaucrats to make them easier to make decisions and enhance their performance. Moreover, the finance system at Puskesmas units which part of information resources have been updated to be a sophisticated and simple operated. So far, most puskesmas unit have operated this new finance system on delivering free public health.

**Bereaucratic structure**

Breaucratic structure determined to effective policy implementation. The less structure, the more effective policy can be carried out. Efficient bereaucraic makes tasks and works faster and simpler. Coversely, large structure obstructs the policy implementation and the service will be slow respond and ineffecient.

Based on observation and interviews, it showed that bereaucratic structure including Public Health Agency and Puskesmas units is conducive for this policy implementation. The structure of Public Health Agency showed a slender structure, more functions in each units. The units was competence in conducting their tasks. As explained before that puskesmas units was lack of staff. Most of staffs can handle a multitasking tasks which it indicated a less structure and more fuctions in every units at Puskesmas.

As matter of fact, every Puskesmas units has determined its structure and been well-estabished before policy of free public health service enacted. No changes on the structures happened when the policy implemented. However, resources deficit particularly staffs, facilities and budget effected structure effectivity on service delivery. It is regional regulation no 8/2006 regarding public health at Puskesmas units Sumedang Regency that become a basic regulation for bereaucratic structure of Puskesmas units. At application, each structure has a unique one that adjusted to local condition.

All of Puskesmas unit have carried out service according to standard operational procedure (SOP) which based on is regional regulation no 8/2006 regarding public health service at Puskesmas units Sumedang Regency. Public Health Agency Sumedang has encounged them to adjust and innovate with local needs. The result, each Puskesmas has their own unique procedure adjusting to local needs.

**Disposition**

Disposition on this course is implementor attitude or manners which is a degree of committment in policy implementing. An effective policy implementation does require not only conductment of implementor, butalso a dedicated commitment in policy implementation. If implementor complied and have a high commitment to their task, the more posible to policy well-implemented according to the plan. On contrary, if the implementor had a negative disposition to the policy, than the policy would deal with serious barriers.

Based on observation and interviews, it showed no rejection or ignorance from the implementors including Public Health Agency staffs and, Puskesmas unit staffs and its heads. Most of the staffs and bereaucrats are complied to the regulations. They put alot of effort on their tasks and delivered enormous service in the deficit resources condition. The agency and puskesmas units demostrated a good coordination. The collaboration among units and agency designated a helpful-cooperation.

The research found that external factor has a important role on policy implementation of free public health service in Sumedang, particularly politic environment. It has enourmous effect on the success of implementation. The policy originally came from political

agenda that occured in campaign's Bupati election on 2004. Furthermore, the elected Bupati (head of Sumdeang Governement) established the campaign programs which the most popular one is free public health service to be a strategic program in his era. Elected Bupati and majority of legislative emphasized the cruicial of this policy to be implemented as soon as they were incharged as local rezime. The policy implementation barely dealed with any resistances and obstacles in politic context. Most of local stakeholdersincluding government bodies, legislative (DPRD Sumedang) and society organizations and academic society encouraged this implementation. Eventhough, a few put an overestimated on this policy which they later supported the implementation.

Such a policy is popular and high demanded by society. This implementation has enormous supports from stakeholders, even the oposition had no saying againts it. They were worried, if they opposited the policy, it would bring down their supports from their constituents. On the contrary, many parties (non-government organizations and youth organizations) claimed that the policy came from their proposition and they admitted that they had put a lot of effort in successing the implementation. It indirectly provided a conducive condition for the implementation that resultedno unnecessary obstacles, as in facts policy implementation were dealing with insuffiency resource to performce its best implementation.

## IV. CONCLUSION

Based on research result, policy of free public health service have been effectively implemented. This implementation was determined cohesively with communication, resources, bereaucratic structure and disposition.Communication in policy implementation had been conducted interactively between implementors, but it has lack of socialization to the grass root. The implementation also was defficiency of few of resources particularly medicine staff, budget and facilities. Even so, implementor can utilitize all 0f resources effeciently to maintain a prime public health service. Bereaucratic did supported the implementation with established and effective structure and adjusted SOP. Disposition or implementor attitude contributed to an effective policy implementing through good coorporation and coordination between agencies.Meanwhile the politic environment supported the policy implementition though maintaining a condusive condition and preventing external obstracles.

The result found that politic has a significant role in successing policy implementation of free public health service. As matter of fact, Bupati, the leader of Sumedang Government Regency, and its instruments, legislatif (DPRD Sumedang Regency), civil society including parties, non-government organizations and society organizations put enormous suppports for successing the policy implementation. It makes a conducive environment for policy implemntation to achieve its goals.

Based on these findings, it found a new model that policy implementation not only determines by internal policy, but also need suppport from external policy which in this case determined by political environement. So that communication, resources, bereaucratic struture, disposition and political environment determine effectiveness of policy implementation of free public health service conducted by Puskesmas units in Sumedang regency.

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